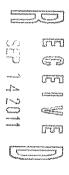
## SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

## APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN



INSTRUCTIONS: No permits will be issued until all fees are paladyfield Co. Zoning Dept. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department.

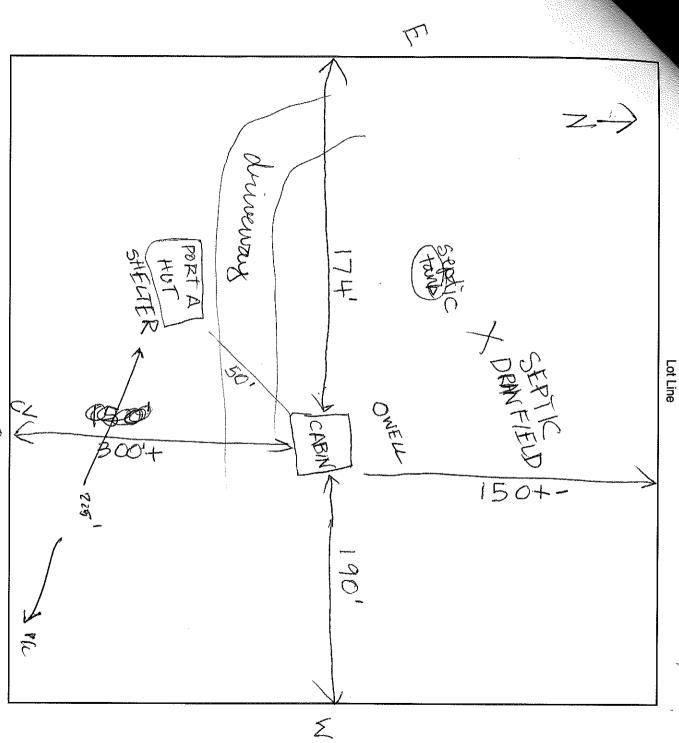
Application No.: 1-0355

Date: 9/08/1/

Zoning District F-1

Amount Paid: \$75.00 825

Inspector Date of Approval	Rec'd for Issuance
11-12-5 A	Simple Control of the
Variance (B.O.A.) #	Mitigation Plan Required: Yes 🗆 No 💆
Date of Inspection 1-22-11	Inspection Record: Shickoway Category/Confortents; For Revolves NEETS GRE CONTROLLY & LU: PRINTED DOC.
Permit Denied (Date)	Permit Issued:  Date 9/8/11 Permit Number 11-0355  Reason for Denial:
(If you recently purchased the property PLEASE COMPLETE REVERSE SIDE Attach a Copy of Recorded Deed)	* See Notice on Back  APPLICANT PLEASE COMPL
by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I me) am (are) providing and that it will be relied upon by Bayfield County in determining whether relying on this information I (we) am (are) providing in or with this application. I (we) to the above described property at any reasonable time for the purpose of inspection.  The Date Oq - 13-2011  ROAD BARNES WI STACH  Copy of Tax Statement or V	FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) arm (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.  Owner or Authorized Agent (Signature)  Address to send permit AABS COLF COURSE ROAD BARNES W ATTACH  Copy of Tax Statement of the complete. I are that this application. I (we) am (are) providing in or with this application. I (we) are resulted property at any reasonable time for the purpose of inspection.  Owner or Authorized Agent (Signature)  Address to send permit AABS COLF COURSE ROAD BARNES W ATTACH  Copy of Tax Statement of the complete. I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) are the complete. I
☐ Special/Conditional Use (explain)  ☐ External Improvements to Principal Building (explain)  ☐ External Improvements to Accessory Building (explain)	□ Residential Addition / Alteration (explain)  Residential Accessory Building (explain)  Residential Accessory Building Addition (explain)  Residential Other (explain)
☐ Commercial Accessory Building Addition (explain)  ☐ Commercial Other (explain)	Deck sq. ft Deck(2) sq. ft □ Cc  □ ** Residence w/attached garage (# of bedrooms) □ Cc  Residence sq. ft Garage sq. ft □ Cc
☐ Commercial Principal Building	Residence sq. ft.
Basement: YesNoNumber of Stories	or Principal Structure (# of bedrooms)  Existing  Existing  Existing  Existing  Existing  I 3 × 21 *
oreline: greater than 75'	Is your structure in a Shoreland Zone? Yes No X If yes. Distart
ed Agent	Property 26230 Eagle Island Roll Property 26230 Eagle Island Eagle Island Roll Property 26230 Eagle Island Eagle Isla
2-51-05-17-2 01- actor Self	784 Page 894 of Deeds Parcel I.D. 04-006-
SI North, Range 5 West Town of Bay Rick  CSM# Acreage 22.6	Legal Description NE 1/4 of MW 1/4 of Section Township  Gov't Lot Block Subdivision
SPECIAL USE D B.O.A. D OTHER	LAND USE SANITARY PRIVY CONDITIONAL USE



## NEWFOX PL SANTERED

Name of Frontage Road (EAS SLAND

- -Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- Ņ Show the location, size and dimensions of the structure.
- က Show the location, size and dimensions of attached deck(s), porch(s) or garage
- 4. Show the location of the well, holding tank, septic tank and drain field.
- ĊΠ Show the location of any lake, river, stream or pond if applicable

IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

- တ Show the location of other existing structures.
- Show the location of any wetlands or slopes over 20 percent.
- Ω Show dimensions in feet on the following:
- Building to all lot lines
- D b Building to centerline of road
- ၀ ဂ Building to lake, river, stream or pond
- Holding tank to closest lot line

Holding tank to building

- .-- o Holding tank to well
- Holding tank to lake, river, stream or pond Privy to closest lot line

- Privy to building
- Privy to lake, river, stream or pond
- Septic Tank and Drain field to closest lot line Septic Tank and Drain field to building
- ₽ Septic Tank and Drain field to well
- Septic Tank, and Drain field to lake, river, stream or pond.
- Well to building

\*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information

The local town, village, city, state or federal agencies may also require permits.

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector will not make an inspection until location(s) are staked or marked